



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3109

<b>SERIAL NUMBER</b> 10/816,921	<b>FILING OR 371(c) DATE</b> 04/05/2004 <b>RULE</b>	<b>CLASS</b> 074	<b>GROUP ART UNIT</b> 3682	<b>ATTORNEY DOCKET NO.</b> B1705.0009/P009
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**  
 Goran Magnusson, Amal, SWEDEN;  
 Leif Bengtsson, Saffle, SWEDEN;

**\*\* CONTINUING DATA \*\*\*\*\***  
*None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 SWEDEN 0301064-2 04/08/2003 *no copy waf*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/18/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiners Signature Initials				

**ADDRESS**  
24998

**TITLE**  
Adjusting element device

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit